

APR 10 2008

PTO/SB/82 (01-06)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/740,744
Filing Date	12-19-03
First Named Inventor	FRIEDMAN
Art Unit	2179
Examiner Name	TRAN
Attorney Docket Number	0305e3

**I hereby revoke all previous powers of attorney given in the above-identified application.** A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:   Please change the correspondence address for the above-identified application to: The address associated with Customer Number:38516**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC				
Address	P.O. Box 3822				
City	Cary	State	NC	Zip	27519
Country	USA				
Telephone	(919) 469-2629	Email	scott@scottzimmerman.com		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Scott P. Zimmerman		
Date	31 APR 2008	Telephone	(919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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&  
37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY**

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**2) 37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY**

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06/05/2007 (Date)